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Post Office to Addressee service P.O. Box 1450, Alexandria, VA 22313 1450 by Ex-(Depositor's name) (Signature Name (Print) (Date) Signature APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/755,955 01/05/2001 Patrick Kerpan 3343/01048 5180 TITLE OF INVENTION: TEMPORAL CONTEXT PROGRAMMING IN OBJECT-ORIENTED ENVIRONMENTS APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO \$1400 \$300 \$0 \$1700 10/30/2006 nonprovisional EXAMINER CLASS-SUBCLASS ART UNIT KENDALL, CHUCK O 2192 717-100000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1<u>Darby & Darb</u>y (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) Rec. 10/25/01 R/F: 012423/0696 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment 1/31/2006 CNEGA2 00000069 09755955 (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE 02 FC:1504 Borland Software Corporation, Scotts Valley Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🏗 Corporation or other private group entity 🖵 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) XX Issue Fee KA check is enclosed. \$1700.00 Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. M he Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0.4 - 0.100 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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-27, 2006 47,698

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